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Aaron Boggs
James Madison University

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A Change of Heart: Understanding Spirituality
Following a Shift in Values or Beliefs in Young Adults

Aaron J. Boggs

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JAMES MADISON UNIVERSITY

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FACULTY COMMITTEE:

Committee Chair : Renee Staton, Ph.D.

Committee Members/ Readers:

Michele Kielty, Ph.D.

Lennis Echterling, Ph.D.

Dedication

To my wife Laura, and our children, Cayden, Hazel, and McKayla.

You give my life meaning and purpose.

Acknowledgements

I would like to thank my committee chair, Renee Staton, Ph.D., whose encouragement and counsel was invaluable during this project. I would also like to thank Michele Kielty, Ph.D. and Lennis Echterling, Ph.D. for serving on my committee and providing feedback and support. Lastly, thank you to all of the professors in the graduate counseling program at James Madison University. This project developed throughout my four years in this program and it would not be what it is without each of you.

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Abstract

As a counselor, how does one sit with others who have experienced a dramatic change in their belief system and values? This paper seeks to identify the effects of a significant change in values or beliefs on young adults and the recovery of the spiritual dimension of their lives. Spirituality, defined as an individual's inner process to define purpose, meaning, and values through a connection to others (which may include God) and themselves, is an increasingly important component to consider in assessment and therapy. The case study of Angela and the personal journey of the author illustrate the psychological distress individuals can experience when undergoing a change in values or beliefs. Approaches for assessing spiritual and religious elements in individuals, as well as ways in which the counselor may approach these issues, are identified, including a discussion of the reluctance of some counselors to address these issues. In essence, identifying the strengths and weaknesses of religious or spiritual practices and the positive and negative implications of belief change can assist in understanding the process in college-aged young adults.

A Change of Heart: Understanding Spirituality Following a Shift in Values or Beliefs

Introduction

The role of spirituality in recovery from mental illness has been the subject of much research in recent decades (Bonelli & Koenig, 2013). Though there are an increasing number of practices in the counseling room that are related to spiritual and religious perspectives (Masters, 2010), the spiritual component is often omitted when considering treatment options (Chidarikire, 2012). One major factor in the growth of these perspectives is the realization that cultural factors are important to understanding the treatment of mental illness (Masters, 2010; Aist, 2012). Another is the importance of congruency between values, beliefs and the way one lives one's life as an incongruent relationship between the two may cause psychological distress (Aist, 2012). According to Masters (2010), humans strive for wholeness and integration. This reality has been historically complicated by the fact that figures such as Freud wrote religious experiences off as forms of hysteria and neurosis (Drobin, 2014; Moreira-Almeida, Koenig, & Lucchetti, 2014).

My interest in spirituality and religion stems from my personal experiences as both a member and leader in Christian churches. I was raised in a conservative Christian home. My father was a bi-vocational minister at a small, rural church that had few or no children in attendance most weeks. Since there was no program for children, my mother, brother and I attended church elsewhere. We consistently went to Sunday services and often mid-week services, as well. Our definition of *spirituality* was "a personal relationship with Jesus Christ." To suggest that our church was a *religious* institution

would, in fact, be insulting to many of the members. *Spirituality* was a connection with something beyond the physical, that is, a God who is understood to be a trinity via three persons. These are a father, a son named Jesus, and a holy spirit. Religion, to us, was just an act. It was something people did who were not truly connected to God in an intimate, personal relationship. As a Christian, I believed we were saved from hell by the love and actions of God. This complex understanding of God and an afterlife provided a sense of meaning and purpose to my life.

Throughout childhood and early adulthood, I questioned a lot of things about this belief system either in quiet contemplation, through conversations with my parents, or through studying my Bible. I attended a Christian university where I was required to take a biblical studies class each year, attend chapel services three times a week, and go to church. I exercised my newfound adult freedom by skipping most chapels and rarely attending church. The religious experience no longer brought a sense of enjoyment or pleasure. Truth be told, it never had. I spent much of that part of my life convincing myself that I should go on believing in something that I was not sure I ever believed.

College, in general, was difficult as I met people who had different worldviews and I was exposed to the world of academics. Exercising freedom from my parents made familial relationships more difficult at times. These aspects of life complicated the spiritual and religious questions that were arising for me at the time.

After college, I spent a few years working in a retail career, all the while feeling as if I needed to give more attention to the spiritual part of my life. I began attending church again at the invitation of my roommates and was welcomed by an energetic group of young adults. In the church, we would often talk about *being called* to a certain role or

Christian vocation. I began to wonder if my calling was to be a pastor as I started exploring my *gifts* for music, speaking, and leadership. Thus, I returned to the same Christian university where I had completed my undergraduate work and began seminary studies.

It was the first time I really cared about studying any subject in school and I thrived on it. It was up to me to decide once and for all what it was I believed about God, Jesus, and the church in general. That, in a sense, became my purpose and meaning for that time. My hope was that it would become clear to me that I believed the same thing as my family, friends, and, by that point, my wife as well. However, the longer I was there, the less I believed and the more I forced myself to have faith in spite of my disbelief. I felt unable to talk with my loved ones about my doubts because I did not want them to worry about me or, worse yet, judge me. It was a very lonely time.

After putting almost five years of my life into graduate studies, I decided to put my education to use in the only career it made available. This was a difficult choice, given the doubts I was feeling about the faith. As a pastor, I preached weekly sermons, counseled people, and visited the sick and imprisoned – all the things Jesus said I should do. It was an ongoing effort to discover the spiritual life that so many other people in the church seemed to have, but I did not. How could I, the minister of a Christian church, not be spiritual? There were parts of the work that I really liked. I liked caring for a group of people and being their leader, but the worship of a God that I did not believe in proved to be the breaking point for me. I could no longer do it. Eventually I left the ministry. It was in the midst of a major crisis in my life, the separation and divorce from my first wife, that I turned to a therapist for help. In doing so, I rediscovered spirituality.

I still think back to those moments in college when I began to doubt and to explore new ways of living in the world sans religion. While it was not until later that I made a final choice to leave religion behind, I am convinced that early adulthood was an important developmental point in my life that ultimately led me to the place where I am now. Religion became less and less important, even as I surrounded myself with more and more Christians in my internal panic to stay connected to the only form of spirituality that I ever knew.

As a counselor, how does one sit with others who have experienced such dramatic changes in their belief system and values? How can mental health professionals be helpful when the inner world of another human being has been turned upside down? How can we help others find meaning and purpose again? This paper seeks to identify the effects of a significant change in values or beliefs on young adults and the recovery of the spiritual dimension of their lives. I have specifically focused on young adults because this appears to be a time in development when values and beliefs may be the most challenged. The case study of Angela and my personal journey further illustrate these points. A survey of the literature is included to help provide working definitions of religion and spirituality as it relates to this topic. Approaches for assessing spiritual and religious elements in individuals, as well as ways in which the counselor may approach these issues, are identified, including a discussion of the reluctance of some counselors to address these issues. In essence, identifying the strengths and weaknesses of religious or spiritual practices and the positive and negative implications of belief change can assist in understanding the process in college-aged young adults.

While my story and the case study both indicate some negative experiences in the religious setting, it should be stated that it is not the intention of this paper to be insulting or degrading to religion or religious practices in general. As will be shown, participation in religion has benefits for those who find a sense of purpose and meaning in its practice. Indeed, it goes against the spirit of this paper to suggest that beliefs and values that provide a sense of spirituality, whether religious or otherwise, should be dismissed. To do so would be to throw the baby out with the bathwater.

Spirituality and Religiousness

There have been a number of competing definitions for spirituality and religiousness or religiosity that should be clarified. Koenig (2009) says that spirituality tends to be an individualistic, personal concept that abides by no guidelines from others. Staton and Cobb (2006) appear to generally agree with this definition saying, “spirituality involves a quest to find meaning in life and understand one’s place in the universe” (p. 369). Another definition is that spirituality includes those things that provide a sense of meaning and purpose particularly as it relates to connectedness to others and oneself (Rapp and Goscha, 2011; Starnino, Gomi & Canda, 2012). Moreira-Almeida, Koenig, and Lucchetti (2014) indicate spirituality is a private matter of examining the meaning of one’s life and relationship to the sacred. Still others define spirituality as guiding principals, beliefs, and values that bring meaning and purpose to their lives (Chidarikire, 2012).

Coyle (2002) identifies three possible understandings of spirituality. The first is the *transcendent approach*. Transcendence is described in terms of connection to God or as the individual’s connection to their inner strength and self-knowledge (Coyle, 2002).

It is through transcendence that one finds meaning and purpose in life and, thus, it becomes a driving force for hope. Understanding the concept in this way, one can see how spirituality is an important factor in mental health and in recovery from mental illness. Though Coyle included connection to God in this understanding of spirituality, one does not necessarily have to participate in a religion in order to have connection to God. Spirituality remains separate from religiosity in this way. The second understanding is called the *value guidance approach* in which people find meaning and purpose through firmly held values (Coyle, 2002). For example, Christians study the Bible to find moral codes to guide how they live their lives. The last is known as the *structuralist-behaviorist approach* that focuses on practices associated with religion such as attending worship services, praying, and otherwise participating in activities of the organization. Coyle concluded that the concepts of meaning and purpose are the common unifying elements among all three of these approaches to spirituality. Meaning and purpose provide health benefits by creating a positive state of mind that leads to healthier behaviors.

Religion, on the other hand, has to do with participation in a local congregation or other organized group focused on the worship of a god (Koenig, 2009). It is “an organized system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality)” (Moreira-Almeida et al, 2014, p. 177). Religiosity, then, is how much a person expresses faith in or follows a religious practice (Moreira-Almeida et al, 2014). The greater the person’s religiosity, the more important it becomes to understand his or her religion. As Masters (2010) noted, the individual’s cultural context impacts their understanding of

how healing occurs, which must be considered in the counseling relationship. Religion, doubtlessly, is a major player in the cultural context of many across the world.

With so many competing definitions and methods of measurement for the concepts of religion and spirituality (Yonker, Schnabelrauch, & DeHaan, 2012), it becomes difficult to know which is which leading to much confusion. The average person may, after all, understand these concepts differently than an adequate definition here can predict. Nevertheless, for the purposes of this paper, *spirituality* is defined as an individual's inner process to define purpose, meaning, and values through a connection to others (which may include God) and themselves. *Religion* is defined as an organized group who meets to worship God such as in a church, mosque, tabernacle, or temple or to complete other service in the name of God. *Religiosity* or *religiousness* is defined as the level of participation an individual has in a religion. Lastly, the term "God" is used throughout this paper to indicate the divine. The practice of capitalizing the first letter is common among many religions in Western culture and does not suggest the promotion of any particular belief system by the author.

It is important to note that it is impossible, from the perspective of the author, to be absent of spirituality based on these definitions. As such, one may have a sense of spirituality but be non-religious since purpose or meaning may come from other facets of their life. One may also find meaning and purpose through faith in God, values based on a religious text, and connection to others through participation in religious practice making religion and spirituality largely overlapping constructs. Still another possibility is to participate in religion and draw values, meaning, and purpose from other areas of life, thus, placing religion parallel to spirituality.

Strengths and Weaknesses of Spirituality and Religious Practices

With terms defined, exploring the ways spirituality and religiosity supports or negatively affects mental health is an important next step. There is a large body of research that identifies a number of protective factors of religious practice against mental illness, particularly participation in a Christian church in western cultures. For example, Koenig (2009), noted that religion helps people cope with life experiences that do not make sense and gives them a sense of power over unforeseen circumstances. Coping mechanisms associated with religion have been found especially to relate to protection from depression, substance abuse, and suicide (Cotton, Zebracki, Rosenthal, Tsevat, & Drotar, 2006; Koenig, 2009; Richards, Bartz, & O'Grady, 2009; Yonker et al, 2012; Bonelli & Koenig, 2013; Kaser, 2014; Starnino, Gomi, & Canda, 2014; Weber & Pargament, 2014). Individuals are able to find comfort, meaning, and purpose in their experiences through religion (Coyle, 2002). Religion and spirituality can provide increased hope, happiness, and satisfaction with life while also decreasing symptoms of depression including suicide and self-harm (Koenig, McCullough, & Larson, 2001; Bartz, Richards, Smith, & Fischer, 2010). Yonker and colleagues (2012) suggest that since the ethical guidelines of most religions prohibit many negative coping strategies such as the use of alcohol or substances, college aged young adults may adopt these as important rules for life. The protection from these behaviors and disorders is certainly a key argument to religious participation as a way of coping.

On the other hand, researchers have found that religious doubt may play a negative role in mental health. There have also been a number of studies pointing to this negative side to religion where mental well-being is concerned (Weber & Pargament,

2014). Religious doubt, or spiritual struggle, is associated with distress, depression, anxiety, grief, substance use and increased suicidal ideation. Ellison and Lee (2010) conducted a longitudinal study examining the effects of spiritual struggles on psychological distress. Three types of spiritual struggles were identified including 1) troubled relationships with God, 2) negative interactions in the religious setting, and 3) chronic religious doubting. Though a relatively small number within their same experienced any form of psychological distress, they found that each of these types of spiritual struggle could independently predict psychological distress (Ellison & Lee, 2010).

Religious experiences and beliefs can have a strong bearing on identity formation causing confusion in the midst of religious doubts (Galek, Krause, Ellison, Kudler, & Flannelly, 2007). Also, depressed persons with religious doubts who participate in a religious institution may have less of a protective factor from mental illness, since guilt and shame can be experienced in that setting (Bonelli & Koenig, 2013). Koenig (2012) pointed out that guilt and fear may be bolstered in individuals who are more susceptible to emotional distress such as those with mental illness. As such, one can see that religious practice itself does not guarantee protection from mental health illness.

Troubled relationships with God may include negative understandings of experiences in the world. Following hurricane Katrina, for example, a number of prominent religious leaders suggested that the liberalization of values of the broader American culture had resulted in God sending a hurricane as punishment. On an individual level, if someone believes her mental illness is a punishment from God, it may serve to increase her negative symptoms and increase depression and anxiety (Bartz et al,

2010; Weber & Pargament, 2014). This may also take the form of questioning whether one is loved by God or worthy of God's love.

Negative interactions within the religious setting appeared to be particularly noteworthy for causing distress. Since there are norms for behavior established by religions, there are also consequences for breaking those norms. These can occur through social means such as exclusion from events or community gossip (Ellison & Lee, 2010). For these reasons, religious doubters may choose to keep their uncertainties to themselves for fear of overt negative interactions with their religious peers making it a lonely experience and adding to their internal distress (Krause & Ellison, 2009). Indeed, negative interactions in general are often unexpected and certainly undesirable, which increases the negative emotional effects of a religious community. In fact, the greater the formal role one has in the religious setting, the greater the effect of these negative interactions on psychological distress (Ellison & Lee, 2010). While I cannot specifically compare with others the degree to which I was distressed, it was certainly true that my role as a leader in the church complicated the idea of leaving the institution. I knew it would mean possibly being ostracized from a community of people I loved, so I therefore continued to set aside my doubts in favor of maintaining those relationships.

Bartz and colleagues (2010), as well as Weber and Pargament (2014), found a difference between intrinsic and extrinsic religiousness. Intrinsic, or the religiously devout, were found to have greater protective factors against psychological distress and mental illness. Extrinsic motivation for religiousness, characterized by pressure to participate in religion by sources outside of self, on the other hand, was more often associated with poorer mental health outcomes. My story reflects these types of feelings

as I fought to make myself believe, so as to avoid ostracization from the family and community. My motivation for devotion to the religion was purely external.

Richards and colleagues (2009) referred to this idea as *value-lifestyle congruence*. Individuals are incongruent when their beliefs about how they should live their life is so different from their lifestyle choices causing feelings of shame that can lead to social and emotional problems. For example, as my values and beliefs changed in early adulthood, the psychological distress was slowly building and ultimately resulted in a mental health crisis in my early thirties. Edmondson and Park (2009) pointed out that a shift or change in components of identity such as beliefs systems or the understanding of the meaning of life can dramatically affect the rest. Changes in a set of beliefs may, for example, have a domino effect where self-definition and values are affected by the change in beliefs. In my case, the change in belief about the very existence of God called into question my understanding of what was right and wrong. One can see how this would cause a breakdown in cognition and emotion as my worldview seemed to crumble uncontrollably.

Belief Change in Early Adulthood

In a groundbreaking work, James Fowler (1981) identified stages of faith based on Erickson's theory of psychosocial development. Of interest here are the fourth and fifth stages, known as synthetic-conventional faith and individuated-reflective faith (Fowler, 1981; Staton & Cobb, 2006). In synthetic-conventional faith, adolescents become capable of more abstract thinking and begin to understand that there are belief systems outside of their own or the one in which they were raised. Individuated-reflective faith occurs as young adults begin to think critically about their belief system and the beliefs of others. This appears to be a crucial time when young adults question

their values and beliefs and ultimately develop their own way of thinking about it that is unique to the individual. It is when the individual confirms their meaning-system that concerns about the validity of the meaning systems of others are resolved and any crises averted (Edmondson & Park, 2009). Fowler noted that many people do not reach this stage of spiritual development (1981).

Galek and colleagues (2007) have noted that religious doubt is less common among older adults and that it decreases with age thus decreasing psychological distress related to such doubt. Older adults have wrestled to a greater extent with their understanding of religious and spiritual matters and are more settled in difficult issues related to these matters (Galek et al, 2007). Thus, moving beyond developmental changes in young adulthood typically leads to decreases in psychopathology in those who are religious.

Various studies of college age students have taken place in recent years examining the factors that influence belief change and the effects of those changes. For example, Edmondson and Park (2009) examined a sample of 154 college students from a public university in the Midwestern region of the United States to determine how the shift from home to college life affected their belief system. They found that the experience of attending college has a critical role in their change in beliefs particularly for those who had higher degrees of religiousness. They found there was a greater urgency to confirm or change belief systems in those whose religious belief systems carried greater personal importance. In their sample, they also, unexpectedly, found that those with greater religious convictions were more likely to cope with their distress by using alcohol and drugs highlighting the intensity of emotional distress caused by these struggles. Overall,

those who changed their beliefs had more difficulty adjusting, which was exacerbated by the intensity of the change.

Another longitudinal study examined changes in three constructs including religious affiliation, religious identity, and participation in religion as individuals entered young adulthood (Chan, Tsai, & Fuligni, 2015). More specifically, the study focused on students in the 12th grade through four years out of high school. They found that there was a substantial drop in religious affiliation in college attendees regardless of the length of their college experience. The developmental period associated with young adulthood is highly influenced by the social context in which it occurs and can influence change in religion. Social change is an important factor as the transition into young adulthood naturally brings about change thereby affecting development. Thus, this study noted that college itself brings a variety of experiences that could have an effect on change in these factors including autonomy, relationships with new people who hold different worldviews, and separation from their parents and families. This study also indicated, however, that young adults continue to indicate that religious and spiritual factors are important even though they are moving away from the more traditional understandings of what religious spirituality means. Hill (2011) concurred with the finding that college students have moved away from institutional participation in religion but are maintaining other forms of religious expression.

Interestingly, this study identified an increased sense of purpose and meaning in those who had higher levels of religious affiliation, identity, and participation. Does this mean that within our culture, religion holds such importance in finding meaning and purpose that it is more difficult for individuals to understand spirituality apart from

religion? My journey certainly illustrates this possibility. As the dedication of this work indicates, I have found a sense of purpose and meaning through those who are most important to me. However, this did not happen overnight and required years of hard therapeutic work.

Yonker, Schnabelrauch, and DeHaan (2012) reported that constructs of spirituality and religiosity as independent variables in the development into adulthood deserve greater attention. Spirituality and religiosity, they say, help to increase self-esteem and psychological well being by providing a sense that the random events of the world are under some type of control. The most reliable way they measured positive outcomes was through salience and attendance in religious settings. As such, emerging adults spend more time in these communities where they are supported and valued as an individual. The individual may also feel that they are special to God, increasing their sense of spirituality and their ability to cope with life's difficulties.

In a series of interviews of graduate students and faculty at the University of Georgia, Markle (2012) explored the question of whether higher education correlates with a change in beliefs. He found that the introduction to evolutionary theory, specifically, did not correlate to a change in belief systems. Rather, it is a life event with a strong emotional component, such as the death of a parent, for example, that triggers people to rethink how they understand the world. If this occurs, then knowledge previously learned may be used to promote the change. However, the knowledge itself does not make the change occur.

[The] methods by which spiritual beliefs were first encoded into memory were often experiential and personal in nature. Therefore, these beliefs appear to be far more protracted and hardened against change than are other types of beliefs that have been based on purely intellectual or theoretical roles. (Markle, 2012, p. 5).

Exposure to a set of facts or a specific academic lesson can do little to alter these deep-seated belief systems, as there is no strong emotional element connected to them in the same way as religious and spiritual beliefs.

In a sample of 55 male and 99 female college students, Sebby and Schaefer (2008), found that those students who were fundamentalist Protestant Christians were less willing to challenge their belief systems. They were also more likely to perceive college faculty as leading them “away from God and His teachings” and more likely to think of institutions of higher education as hostile environments.

Lastly, while it has commonly been thought that college itself liberalizes belief systems, Mayrl and Uecker (2011) found that college students are no more likely to be liberalized in their belief system than non-students. In fact, they are less likely to stop believing than non-students of the same age. This may be because the broader culture now also introduces more liberal views than it did in previous generations. It may also be because students tend to segregate in college based on belief systems and find groups that support what they hold to be true. This study also found that students were more likely to hold onto their religious beliefs if they attended religious services, which was more likely to happen if they went with a group of friends.

The sample of the literature represented here has inconsistent results largely due to the fact that a wide variety of constructs were examined. Nevertheless, it provides a baseline of information regarding the ways young adults experience the pressures to change beliefs and the ways in which those beliefs systems occur. As noted above, education itself does not appear to have as strong of an effect as other factors such as emotionally charged events (Markle, 2012) and broad cultural influence (Maryle &

Uecker, 2011). Those who maintained their belief systems through participation in religious organizations and associating with groups who had similar beliefs were able to find support through those communities which would also increase the protective factors associated with participation in religion.

Starting the Conversation

We now turn to the problem of assessing spiritual and religious factors in individuals in counseling. While religious and spiritual issues may certainly come up during the counseling process regardless, they are often left out of the initial assessment phase of the counseling relationship (Richards et al, 2009). Counselors must be ready to assess a person's openness to engaging in such issues (Starnino et al, 2012).

Again, due to a plethora of competing definitions and understandings concerning these concepts, it is difficult to identify tools for assessment that will provide consistent results across religious and cultural lines. Since, however, assessment tools are understood to provide a data point which informs treatment rather than dictates it, utilizing such tools in a tentative manner can be helpful (Richards et al, 2009).

Many users of mental health services identify spiritual and religious aspects of their life as important issues (Chidarikire, 2012). Mental illness always occurs within a cultural context. Religion and spirituality are a part of that context and, therefore, an important part of understanding the whole person (Weber & Pargament, 2014). From this perspective, one could argue that omitting religious and spiritual factors from the assessment process actually impairs the clinician's ability to understand the whole person. This can help to determine if interventions of a spiritual or religious nature will

be helpful as well as whether their beliefs are in some way harmful to their mental health (Richards et al, 2009).

Weber and Pargament (2014) suggested that counselors should use a conversational style and a person-centered approach when assessing spiritual and religious factors. Richards, Bartz, and O'Grady (2009), as well as Starnino, Gomi and Canda (2014), recommended assessing client's spiritual identity informally in normal counseling sessions and using a person-centered approach. These suggestions indicate clearly that the relationship with the individual is of utmost importance when having conversations of this nature.

A number of acronyms have been created to guide clinicians through important aspects of religiosity and spirituality. Moreira-Almeida, Koenig and Lucchetti (2014) discussed several including FICA. The "F" stands for Faith and belief. The clinician may ask whether the individual is religious or spiritual and how these beliefs help them cope. Next, prompting the client to discuss the role of their belief system in their life assesses its Importance and Influence for them. Third, their participation in a spiritual or religious Community and the ways in which it is supportive (or not) of them is examined. Lastly, asking them directly how or if they would like any issues related to spirituality to be Addressed in the counseling room gives the client an opportunity either to reject interventions in this area or draw the therapist's attention to these matters as ones of utmost importance.

The HOPE questions identify similar factors and stand for 1) sources of Hope, meaning, and strength, 2) participation in Organized religion, 3) Personal spirituality and practice, and 4) Effects on care (Anandarajah & Hight, 2001; Chidarikire, 2012). The

clinician's goal, again, is to identify basic information about these areas as a way of opening up the conversation on deeper spiritual or religious matters that may affect the presenting concerns. In addition to HOPE and FICA, there are several other acronyms that have been designed. Clinicians should certainly choose ones that are most helpful for their practice and personality.

The Royal College of Psychiatrists Assessment, which is designed specifically for mental health purposes, provides questions to assess the client's spiritual or religious past, their current experience, and future expectations. It includes items such as relationships to the community or clergy, religious influences on medication compliance, and supportive or punitive effects (Moreira-Almeida et al, 2014). While this is not an easily memorized acronym, these questions provide guidance for the clinician in this area.

The majority of available instruments designed to measure religious and spiritual factors have been validated with middle aged and older adults, terminally ill patients, or individuals with a variety of mental health disorders (Monod et al, 2010). Relatively few measurement instruments for spirituality and religiosity, on the other hand, have been validated specifically for the population of college age young adults. However, the following instruments have been validated in this way.

The Intrinsic Spirituality Scale (Hodge, 2003) includes six items that were a revision of the earlier work of Allport and Ross (1967) in their measure of intrinsic religion. Hodge argued (2003) that the overlapping definitions of religion and spirituality have served to limit the available assessment tools for use with those who are religious or believe in a god. As such, he recreated this scale for use with both religious and non-

religious persons. These items, as shown below, provide an incomplete sentence followed by a 0 to 10 scale indicating two extremes on a continuum:

1. In terms of the questions I have about life, my spirituality answers (0) no questions or (10) absolutely all of my question.
2. Growing spiritually is (0) of no importance to me or (10) more important than anything else in my life.
3. When I am faced with an important decision, my spirituality (0) plays absolutely no role or (10) is always the overriding consideration.
4. Spirituality is (0) not part of my life or (10) the master motive of my life, directing every other aspect of my life.
5. When I think of the things that help me to grow and mature as a person, my spirituality (0) has no effect on my personal growth or (10) is absolutely the most important factor in my personal growth.
6. My spiritual beliefs affect (0) no aspect of my life or (10) absolutely every aspect of my life.

One can see how these items would be useful in the beginning stages of the counseling relationship to determine the salience and efficacy of these issues to the client.

The Spiritual Transcendence Scale is a 24-item Likert scale measurement developed by Ralph Piedmont of Loyola. For Piedmont, spiritual transcendence is the individual's ability to view life from a different perspective, which, he says, is separate from other aspects of personality. Since many theories and techniques in therapy work bring about a different perspective in the individual in order to develop a renewed sense of hope, one can see how this scale would be helpful in practice.

Douglas MacDonald (2000) conducted similar research in his development of The Expressions of Spirituality Inventory (ESI). This 98-item Likert scale assessment was developed using a factor analysis method between a variety of other scales. Five dimensions, therefore, are assessed using the ESI including the Cognitive Orientation Towards Spirituality, the Experiential/Phenomenological Dimension, Existential Well-Being, Paranormal Beliefs, and Religiousness (MacDonald, 2000). These dimensions,

again, represent areas that are unique in the individual's personality formation. Since this is such an extensive assessment tool, one would want to be sure that the client was agreeable to exploring such issues before investing in its use.

Regardless of which method one uses for starting assessing religiosity and spirituality, clinicians should keep in mind that people may not wish to provide information such as this preferring, rather, to keep religion in the religious community or spirituality out of the counseling room. "[Service] users are sometimes resistant to discussing spirituality, especially when initially entering into services. Reasons include service users carrying guilt...feeling disillusioned...and having received negative responses from past providers" (Starnino et al, 2012, pp. 855-856).

Recommendations for Counselors

As already stated, religious and spiritual concerns have been neglected in large part by mental health professionals in the past. This may be due to lack of training in how to deal with these issues clinically. As evidence-based practices are developed in this area, it would benefit clinicians to continue to educate themselves in these areas. The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a division of the American Counseling Association (ACA), has created *Competencies for Addressing Spiritual and Religious Issues in Counseling* which is available on their website (www.aservic.org). These competencies are designed to compliment the ACA code of ethics. The creation of this division and these competencies points to the importance that ACA places on spiritual and religious elements in the counseling process and the need for the field to be effectively prepared for these challenges.

The neglect of these issues may also be due to an attitude of the clinician, or the field in general, to be dismissive of anything that is associated with religion or religious institutions (Moreire-Almedia et al, 2014). The inclusion of a new v-code in the fifth version of the Diagnostic and Statistical Manual of Mental Disorders – V62.89, Religious or Spiritual Problem (American Psychiatric Association, 2013) – indicates that the field is opening up more to the importance of these issues. Russel and Bohan (2014) acknowledged that religion and science do not oppose one another, but rather, “they are irrelevant to each other...Science cannot disprove the tenets of faith, nor can faith dissuade a scientist of knowledge gained by observation” (p. 299). Therefore, the idea that psychology and counseling stand in opposition to religion is a misnomer as it is “based on a false dichotomy” (Russel & Bohan, 2014, p. 299).

Those in this field know that we will repeatedly interact with individuals and groups whose worldview is starkly different than our own. It is the reason cultural awareness has become increasingly important in educating new therapists. If we are to be effective counselors, we must embrace a strict professionalism and commit ourselves to working through countertransference issues that may interfere with the therapeutic process. Masters (2010) pointed out that it is impossible to operate in therapy free of some set of values as guiding principals.

Clearly any encounter wherein two people come together and one has as his/her function in the relationship to help-influence-facilitate-teach some kind of change in the other cannot be an encounter that is value free. In fact, such an encounter will necessarily be quite the opposite, call it value saturated. Choice of outcome goals, techniques, appropriate sequencing of events, and so forth are all heavily influenced by values. (Masters, 2010, p. 394)

Counselors, therefore, should do their best to set aside personal assumptions and judgments in favor of exploring the spirituality of the individual as it relates to his or her

therapeutic goals (Starnino et al, 2012). Consultation with colleagues and clinical supervision will also support these efforts.

Even if a mental health provider does not intend to incorporate interventions directed at religious and spiritual experiences, he or she should, nevertheless, be respectful of their religious and spiritual understandings (Weber & Pargament, 2014). To avoid the reality of these aspects of the lives of clients is to be unable to see the proverbial forest for the trees. Thus, the inclusion of these constructs in a comprehensive intake and assessment as well as treatment planning is important to understanding the whole person. In fact, the very act of engaging in a discussion about spirituality and religiosity in the assessment process may communicate an openness to discussing such things and invite further reflection from the client (Moreira-Almeida et al, 2014).

Where religious clients are concerned, mental health providers need to do their own work to recognize bias in their perspectives about religion (Anandarajah & Hight, 2001; Staton & Cobb, 2006) as well as increase their knowledge base about religious and spiritual traditions with which they work (Weber & Pargament, 2014). In doing so, they may better identify the difference between normal religious participation and possible pathology (Weber & Pargament, 2014). Also, utilizing the vocabulary from their religion indicates respect and interest (Moreira-Almeida et al, 2014).

It has been found that those religious clients who have high levels of religiosity prefer counselors who share their religious beliefs (Richards et al, 2009). In addition, these clients more frequently understand their presenting problems to be directly related to their belief system. These same clients are highly acceptable of uncovering problems related to spirituality and incorporating interventions of a spiritual nature (Richards et al,

2009). However, where this is not the case, clinicians may want to consider reaching out to religious leaders who are open to consultation and possibly make referrals to them for matters that are beyond the counselor's. As a former religious leader, it is clear to me that both counselors and religious leaders would benefit from these consultations.

The Case Study of Angela

In addition to the author's story, an interview of a young adult who also went through a significant change in belief system was conducted in order to further illustrate that these issues can cause distress. An analysis of the case study is provided to show how the suggested interventions could be used in practice. Prior to the interview, protocol for James Madison University's Institutional Review Board was followed in order to receive approval to complete this study. The participant, known here as Angela, was identified due to an expressed interest in the topic. The interview was audio recorded and transcribed. No identifiable information is included here in order to protect Angela. Angela had full knowledge of the purpose of this study and questions prior to the interview.

Angela is a 23-year-old whose experience in religious settings and current struggles with spirituality reflects much of the research. She grew up in an "interfaith family" with a Jewish father and a mother who was raised in a mainline Christian church. The family did not practice Jewish traditions as much as Christian traditions, but they are an important part of Angela's identity nonetheless. Angela's mother got involved with the evangelical/fundamentalist church movement in her twenties and thirties. As such, Angela's family primarily experienced religion and spirituality through that lens.

A marked change occurred in the life of that church when Angela was twelve years old. The church building burned down. After that, “the church closed in on itself...Everyone who would have challenged the lead pastor left and it became a very close minded place to be; a rather toxic environment.” Around the same time, Angela was drawn to a different church, largely because of the youth group leaders. She would attend her mother’s church on Sunday mornings with her family and the other church in the afternoon and for youth group meetings.

One of the features that drew her to these youth group leaders was their commitment to service, an important aspect of Angela’s spirituality. She was exposed to writings and videos of more liberal understandings of the Christian faith. Angela found that she appreciated the content of that media and was beginning to experience a change in her belief system. Such change, in Angela’s church, was considered dangerous to her spiritual well-being, and to the spiritual well-being of the church as a whole.

After Angela graduated from high school, she went to college. “In some strange way, I found myself on twitter with a lot of people I saw questioning what it meant to be a woman in the church, and that was the first time I ever thought to question that.” Exposure to new people and different ways of thinking challenged Angela’s worldview. She began to meet more people from the LGBTQ community, “and I was confused as to why they couldn’t fit into my church’s views.” As a way of processing these questions and changes, Angela started a blog on the topic.

About halfway through Angela’s sophomore year of college, she had what she describes as “an emotional health crisis.” She returned home for the remainder of the

school year. “I had a nervous breakdown and completely shut down for 8 months of my life. I just really didn’t function; barely talked.”

Angela’s experience of the church during that semester at home began to solidify her choice to move away from organized religion. The people in the church were aware of her mental health crisis, and yet, Angela says, they did not acknowledge it. She felt ignored rather than helped and supported. About the same time, Angela’s little brother began questioning some of his experiences in the church. The youth group he attended held firm beliefs that the LGBTQ community was sinful and “an abomination.”

Angela helped her brother write letters and confront the church leadership about this topic. She recalls her experience of being called by one of the elders to a meeting at the church. “He went through the entire list of reasons why we were wrong and why being, as he put it, ‘homosexual,’ was an abomination.” It was through this interaction that Angela started to see the strict gender roles in the church. At one point, the man suggested that one day, her brother would become like him, an elder in the church. “That man looked at me like he was afraid of me as my little brother kept looking at me. And I was very confused by that for quite some time. I realized that I was an educated woman sitting in his office and that frightened him and his worldview.”

These gender issues came to the forefront for Angela. She had always considered herself a leader, and well spoken in the church. She would speak at special events as a youth in the church and was well thought of by church members. As she grew into adulthood, however, she realized that it was an expectation for her to marry at a young age and that it was supposed to be through a relationship with a man that she would continue to be acknowledged as important in her church.

Angela now recognizes that it was not *all* about her experience of religion.

Unacknowledged experiences of abuse in her family also began to surface. Exposure to new ideas in the academic realm changed the way she was thinking about issues related to gender and sexuality, as well as her purpose in the world. She sought counseling initially to understand her experience in the church, but these other issues emerged in the work with her counselor. Angela's story highlights the important difference between religion and spirituality as it is defined above. Her experience in a specific set of religious settings led to her need to have a greater understanding of the world and her purpose within it.

Angela's story also illustrates the overlap in religion and spirituality that may occur. The loss of religion in her case brought her to a point of mental health crisis. Without religion, she says, it has been difficult to understand how to function in the world. She identified several disadvantages to her change in belief.

I still have nightmares about sending people I love to hell accidentally. I lost a community. There's no going back to that church now. My friend is getting married and she sent me an invitation and there's no way I could go to the wedding... They were a huge part of my growing up and they were my safe place. I didn't have a safe home environment, which is probably why I threw myself into the church the way I did... but it was a bit of a betrayal to grow up and realize that they were also not a safe place, that there were a lot of toxic ideas happening there. And then to lose them... it was sad. It was a loss.

These experiences of a college age young adult highlight many of the findings from the literature. As Weber and Pargament (2014) indicated in their study, three types of spiritual struggles are predictive of psychological distress. These are troubled relationships with God, negative interactions in the religious setting, and chronic religious doubting. Angela experienced all of these to a degree and continues to in some ways despite her choice to disaffiliate with the church. Chronic religious doubting

occurred as she interacted with new ways of thinking in the college setting. This led to intense psychological distress. Negative interactions in the church setting may be the most obvious struggle she experienced especially during her mental health crisis when members of the church seemed to ignore her. As noted by Bonelli and Koenig (2013), depressed individuals can experience guilt and shame actually increasing religious doubt. She also had negative interactions when confronting church leaders about the church's beliefs regarding people identifying as LGBTQ. All of these things, for Western Christians at least, certainly can draw into doubt one's relationship with God. The question of whether God exists is indicative of a troubled relationship with God. While these three things can independently predict distress, much overlap can occur between them as in Angela's case.

Intrinsic and extrinsic religiousness is also highlighted by Angela's story. At a young age, she was intrinsically motivated to participate in the church and found it to be a fulfilling experience. As she got older and developed different ideas about things, that motivation changed. She fought to stay intrinsically motivated by challenging the established leadership. In the end, however, to stay there would have been motivated only by pleasing that establishment. In her fight to stay connected to her tradition, Angela experienced value-lifestyle incongruence (Richards et al, 2009) whereby her choice to continue to participate in religion, even minimally, was causing friction with her value system, which was telling her something about it was false. This change in beliefs contributed greatly to a breakdown in other components of her meaning-system (Edmondson & Park, 2009). These factors, caused increased anxiety and guilt and contributed greatly to Angela's psychological distress.

Angela was able to identify a number of factors that were negative to her changes in belief, not least of which was the loss of a community of people she had known for much of her life as well as strained relationships with her family. She named confusion about what to do during traditional religious holidays such as Christmas and Easter. Those times are very important in the church setting and continue to have a pull on Angela emotionally.

Angela also noted, however, a number of positive effects largely identified as a sense of relief from religious expectations associated with the change. She no longer feels pressure to be a catalyst for the salvation of others. She no longer has to worry about people she loves going to hell, though she admits she still has fleeting thoughts of this nature. Angela specifically talked about how she first heard at an early age that her father, a Jew, was going to hell and that there is nothing she could do to change that. Lastly, openness to the worldview of others in general has also provided a sense of relief.

Counseling Angela

Since the purpose of this paper is to bring clarity to the therapeutic work of renewing a sense of spirituality following a shift in beliefs, an analysis of how a counselor could interact with Angela is provided. Since the presenting problem was her mental health crisis brought on by a challenge to her belief system, it is appropriate to begin by assessing that belief system. The HOPE questions provide a way to begin the conversation. Using these, one could ask, what has provided a sense of meaning and strength for you? What has been your source of hope? In her moments of crisis, this would likely be unclear to Angela though she would be able to name what has provided these things for her in the past and that she has lost a sense of meaning. While an

inability to answer these questions clearly can cause confusion for the counselor, the lack of ability to answer it is, in itself, important information.

Moving to the next subject, do you participate in organized religion? Again, this would be answered by Angela with some confusion as she certainly spent her life participating and, at the point she sought counseling, she was no longer engaged in it in the same way. Again, the lack of clarity is an answer in and of itself. The question provides an opportunity to draw attention to this aspect of her personality as important and in need of attention.

Thirdly, what has been your personal spiritual practice? In Angela's case, a follow up question to this one such as, do you continue to have some understanding of your personal spirituality in the absence of your religious faith? If she was not able to grasp a sense of personal spirituality, this indicates a place to begin the counseling journey as well. The counselor should ask the final question – would you like these factors to be a part of our work together? – prior to exploring this point further.

Of course, the counselor can also choose to utilize an assessment instrument such as the Intrinsic Spirituality Scale. While predicting how someone may answer question such as these is impossible, Angela could certainly indicate the importance of spirituality and her distress in losing her sense of religious spirituality using this instrument.

Considering the ways in which Angela would likely answer these questions, the counselor can embrace the value-lifestyle congruence concept identified by Richards and colleagues (2009) as a theory for addressing her distress. At this point, the counselor would want to be sure any countertransference has been managed so as to avoid any temptation to lead the client towards a certain kind of belief system. The work, then,

would be largely focused on identifying beliefs, helping Angela to map out what these beliefs mean for her, and living her life in a manner consistent with this system. It is important that the initial part of this work would focus on beliefs about Angela's purpose in the world and what provides a sense of meaning thus working toward a new sense of spirituality.

Conclusion

The goal of this paper has been to understand spirituality, the individual's inner process to find their purpose, meaning, and values through a connection to others and themselves, following a change in values or beliefs. I have specifically focused on college-age young adults as this is known by researchers to be a time when beliefs are challenged. The counselor's role is vital in this process, as we have seen that a change in values or beliefs may go so far as to lead to a mental health crisis. This appears to be best shown in concept of values-lifestyle incongruence (Richards et al, 2009).

Finally, it is this author's contention, based on the definitions identified here, that much of the work counselors do is of a spiritual nature. Meaning, purpose, beliefs about self, and beliefs about others are overarching topics, or underlying concerns, of many presenting issues whether it be depressive symptoms, suicidal ideation, anxiety, substance abuse or relationship issues. Even in work with the seriously mentally ill, or those in the midst of a mental health crisis, questions of a spiritual nature can emerge. These questions appear to be on the forefront for young adults especially. Mental health professionals focusing on this age group need to be aware of these spiritual issues and ways of assessing their importance.

Angela's life has changed for the better because she embraced congruence though not absent from a number of difficult choices and complicated relationships. So too has my life improved in much the same way. For both, the work may not have been possible absent from a mental health professional who was willing to take on the task of guiding us to know ourselves better. The counselor's work need not necessarily be of a religious nature in order to be spiritual, therefore, but is rather to assist the individual in identifying their true beliefs and value systems and find the courage to his or her life according to those systems. In doing so, they too many rediscover spirituality.

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